

DEPARTMENT OF EMPLOYEE TRUST FUNDS  
Division of Employer Services  
P.O. Box 7931  
Madison, WI 53707-79031

## MONTHLY PREMIUM REPORT GROUP INCOME CONTINUATION INSURANCE

(University of Wisconsin Unclassified Faculty Only)  
Wis. Stat. § 40.05 (5) (a)

Department of Name University of Wisconsin System	Employer Identification Number 69-036-0001-131	Coverage Month/Year
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		Premiums Collected From Employees Eligible for State Share							
Waiting Period	No. of Employees	Regular	Adjustments	Subtotal	Times	% of State Contributions	Equals	State Share	
30 Days					X	59%	=		
90 Days					X	226%	=		
125 Days					X	301%	=		
180 Days		- 0 -			X	State Pays	=		
Subtotal A							Total State Share		

		Premiums Collected From Employees NOT Eligible for State Share						
Waiting Period	No. of Employees	Regular	Adjustments	Subtotal				
30 Days								
90 Days								
125 Days								
180 Days		- 0 -						
Subtotal B								

Plus (+)

Total Employee Paid Premiums  
(Subtotal A + Subtotal B)

Equals (=)

Total Amount Due

Date (MM/DD/CCYY)	Prepared By:	Telephone No.:
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